



COLONIAL GENERAL INSURANCE AGENCY, INC.

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TREE TRIMMERS SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____
Number of active owners/officers/partners: _____ Number of Employees _____
Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
Does applicant carry Workers' Compensation coverage on temporary employees? Yes No
Does applicant lease employees from others? Yes No
If yes, please provide payroll. \$ _____
Does applicant subcontract work to others? Yes No
If yes, are certificates of insurance required? Yes No
Do subcontractors name the applicant an additional insured? Yes No

List subcontractor trades used with costs and percentage of operations

Trade	Cost	%	Trade	Cost	%

List equipment owned or leased

Type of Equipment	Owned or Leased	Type of Equipment	Owned or Leased

Please detail any "yes" answers to the following questions below.

Does the applicant perform any stump removal or grinding? Yes No
If yes, explain process: _____
Does the applicant have a regular service schedule for all equipment? Yes No
Does the applicant use any pesticides/herbicides not approved by the EPA? Yes No
Does the applicant use any explosives? Yes No
Does the applicant perform any logging or lumbering? * Yes No
* If yes, include payroll and gross receipts

Does the applicant work on interstates?

Yes No

Does the applicant pre-job surveys to locate wires?

Yes No

Does the applicant work for any utilities?

Yes No

If yes, please list: _____

Details:

Attach a copy of applicant's standard contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date